

## CLAIMS ONLY

Application Number

Filing Date

10/698,018

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED 9/18/05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7						
8						
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11						
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13						
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48						
49						
50						
Total Indep	1					
Total Depend	10					
Total Claims	11					

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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99						
100						
Total Indep						
Total Depend						
Total Claims						